FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

	2011 OCT 17 A	00 s
M 2- 2	DISCLOSURE REPORT	
ice Use On # In		
er	ndidate, for a	
DATE SI		
TION YEA	AR.	
	te of Election	
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10	21.78	*

COMMITTEE NAME (Must be same as on Statement of Organization)	FORM
I ommille to Elect how Monday	DD 2
IMPORTANT: Indicate by # type of committee you are reporting for: (1)Statewide/Legislative/Judge Standing for Retention Candidate (2)State PAC (3)State Party	(Rev. 12/2009) DISCLOSURE
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Politic	al '
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAG (11) Local Ballot Issue	C (For Office Use Only
CANDIDATE COMMITTEES ONLY:	Comm. #
Candidate Name Political Party (if applicable)	Logged In
Lois Monday Kepublican	Computer
Office Sought District (if Senate or House)	Audited
TOURT 2006 LAIZOI	
Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32/	A(7) and 68A.401(3), the candidate, for a
candidate's complittee, and the chairperson, for any other type of committee, is the individual responsible	le for filing timely and accurate reports.
BILL MOD MA	01
641-102-102	8 10 14 20 11 DATE SIGNED
SIGNATURE OF PERSON FILING REPORT TELEPHONE	DATE SIGNED
IAM FILING A Jan 19 2011 REPORT FOR (1) ELECTION	
(report date) Indicate by	#
CHECK IF AMENDMENT TO REPORT DATED	Local Committees, enter Date of Election
Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.	
(You must continue to file reports until a DR-3 is filed.)	County & Local Committees, enter County in which Election is held
	William Election is field
STATEMENT OF CASH ON HAND	
CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the	
committee. This amount MUST be the same as the cash on hand at the end	<u> </u>
of the last reporting period or must be zero if this is first report filed.)	\$
ADD TOTAL MONEY TAKEN IN THIS PERIOD	
Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below)	
Schedule F: Loans Received total (Attach Schedule F)	?
Schedule H: Total Sales of Campaign Property (Attach Schedule H)	
(Schedule H applies to Candidates' Committees Only)	•
SUB-TOTAL	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	
Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below).	
Schedule F: Loan Repayments total (Attach Schedule F)	
CASH ON HAND at the end of this reporting period (if final report balance must be zero)	
*UNPAID BILLS (From Schedule D - Attach Schedule D)	\$
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	
*OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	
CONSULTANT BREAKDOWN (Schedule G Attached?)	Y
CANDIDATE COMMITTEES ONLY:	YESYO
	œ.
/ALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	\$
STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of eac	h vear.

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) COMMITTEE NAME (Must be same as on Statement of Organization) STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ICTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE	PAC ID NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP	AMOUNT	√ IF FOR
RECEIVED (MM/DD/YR)	(if applicable) AND PAC CHECK NUMBER		TO CANDIDATE* (if applicable)	RECEIVED	FUND- RAISER
12/2	ID#	Hawlldelton		\$ 00	INCOME
12410	CK# 0524	28,48 24545730 1		100	
0/26/	ID# /	Sharon Waltersdorf		250	7
10	ID# 4179	anspe 950831	,	29	
124/10	ск# 6616	17 HI Creamery		50	1_
0/27/10	ID# CK#	Zois Monkay st.		1000	4
10/27/12	CK# 8351	Kathytakkon 1835 Heght Dryld		50	-
0/28/10	CK#4/5/	Rex Dail		50	
0/28/10	ID# CK# 7768	Phylis Kimbyll		5000	
0/28/10	ID# CK#	Low Monday		42000	
10/30/10	ID# CK#	Misselleneous		3000	-
1/3/12	ID# CK#	Harold Walton		35	-
		W 1 301 30	SUB-TOTAL	\$82000	
		TOTAL (If last page	of this schedule)	\$	

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page of of (for Schedule A)

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) COMMITTEE NAME (Must be same as on Statement of Organization) A MONETARY (Rev. 07/03) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBER AS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
6/3/2010		Miscellaneous Miscellaneous Income		\$10000	
12/1/2010	ID# CK#	Misaellaneous		1000	
12/23/20/0	ID# CK# ID#	Lois monday	,	128	
	CK#				
	ID# CK#				
	ID# CK# ID#				
	CK#				
	CK#				
	CK#	,			
	CK#		SUB-TOTAL	20178	

TOTAL (If last page of this schedule)

Page ______of____

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FOR INSTRUCTIONS, SEE BACK OF FORM

	*		A-9000	37.
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
CHE	CK THIS BOX IF

1//	`	same as on Statement of Organization)	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC	NAME AND ADDRESS TO WHOM (DESCRIBE TRANSACTION) (Disbursement) WAS MADE	AMOUNT EXPENDED
10/26/	CHECK NUMBER ID# CK#	Creston Hus advertises	\$-,
10/10	ID#	KS1BonRadio ans	19,0
11/2/10	ID# CK#	Craphic Displayer	90 10
1/15/0	ID# CK#	Sowa State Saving Cheston Insold Saleston	2/
11/4/0	ID# CK#	Creston & sold service Cha	3 00
1/30/10	CK#	Crestop Justos ads.	19857
L'AO/O	ID# CK#	Creston, on 50801 The form the file	3
2/20/10	CK#	Cilston M5080 sales top	2/
,		TOTAL (if last page of this schedule)	\$ 1014

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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Page	<u>/</u>	_ of	0

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

18			
18			

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE	
В	MONETARY
(Rev. 07/03)	EXPENDITURES

CHECK THIS BOX IF AMENDING FORM

	•	·			
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPO (DESCRIBE TRA	OSE ANSACTION)	AMOUNT EXPENDED
12/2/10	ID# CK#	Creston Insopo	l Star	NU	\$ 6 19
/	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
11111	ID# CK#				
	ID# CK#				
	ID# CK#				19

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

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SUB-TOTAL

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM	SCHEDULE	
COMMITTEE NAME (Must be same as on Statement of Organization)	E (Rev. 06/97)	IN-KIND CONTRIBUTIONS
Commune to Elect Jois Monkay Reset Form		THIS BOX IF DING FORM

DATE		7 551 45101101115	T		
RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR FUND-RAISER
(MM/DD/YR)	OF CONTRIBUTOR	* (if applicable)	CONTRIBUTION	VALUE	CONTRIBUTION
193/10	306 Cottonwood 57	(,	and signs	4000	
12/2/	Lois Monkay	,	ands	1000	
,					
SUB-TOTAL				\$ 00	_
				50	
TOTAL (if last				\$	_
page of this				~ vo	
schedule)				30	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

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page 2 of 3 (2) nances and aldresses: 10/14/2011 Deston News advertises 503 W. adams St. 10/26/10 Creston, In Sorol KSIB 10/28/10 Cres ton Rodio 1409 Hwy 34 Creston, In 50801 Graphic Displays 100 E. Union St. 1 Creston, In 50801 11/21/10 Lowa State Savings 11/15/10 401 W. adams St! Creston, 2a 50801 Lowa State Savengs 401W. Adams St. 11/15/10 Cres 40n, In 50801 Creston news advertises 11/30/10 503 W. alams St. Custon, Ja 50801 Down State Savenge 401 W. Adams St. 12/20/10 Creston, 9,5080/

(our)

12/20/10 Lown State Saverage 50mm 401 W. Adams St. Creston, Da 50801 12/21/10 U.S. Post afficie Custon, A 50801